MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10182

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Welcome
LENGTH OF STAY (in this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Welcome
STREET ADDRESS (If rural, give location) Fergusson farm

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) William (Last) Flynn

4. DATE OF DEATH (Month) October (Day) 3 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 24 January 1874

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) (Unknown) Orphan home in Balto. Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME (Unknown) Raised by Maurice Gardiner, Faulkner, Md.

14. MOTHER'S MAIDEN NAME (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT Daughter: Mrs. Roy (Marie Flynn) Greer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.0	Immediate cause	(a) Coronary Occlussion	Minute
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile arteriosclerotic heart disease	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Went to bed in good health; family awakened to find him dead.

19a. DATE OF OPERATION NONE

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE A S Woodd. (Degree or title) M.D. ADDRESS La Plata. Md. DATE SIGNED 3 October 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/5/50
NAME OF CEMETERY OR CREMATORY St. Ignatius
LOCATION (City, town, or county) (State) Bel Alton, Md

DATE REC'D BY LOCAL REG. 10/4/50
REGISTRAR'S SIGNATURE Julia H. Pasey
24. FUNERAL DIRECTOR Huntt & Ryon, Waldorf, Md. ADDRESS

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 6 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

10183

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY CHAS MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN POTOMAC RIVER
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE VIRGINIA COUNTY FAIRFAX
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MCRRI FIELD
STREET ADDRESS (If rural, give location) Box No 32

3. NAME OF DECEASED (Type or Print) (First) 2nd Lt. (Middle) CORNELIUS PAUL (Last) MILLS JR.

4. DATE OF DEATH (Month) 10 (Day) 18 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 4-10-28
9. AGE last birthday 22 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PILOT U.S. AIRFORCE
10b. KIND OF BUSINESS OR INDUSTRY U.S.A.F.
11. BIRTHPLACE (State or foreign country) WASHINGTON DC
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME CORNELIUS P. MILLS SR
14. MOTHER'S MAIDEN NAME GERTRUDE N. (MILLS)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1949-50
16. SOCIAL SECURITY No.
17. INFORMANT MILITARY PERSONEL REC.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) TOTAL DISMEMBERMENT	10-18-50
860.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) AIRCRAFT CRASH	10-18-50
173	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) POTOMAC RIVER (CITY OR TOWN) (COUNTY) CHAS (STATE) MD.
TIME OF INJURY (Month) 10 (Day) 18 (Year) 50 (Hour) 12.05 pm.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? AIRCRAFT ACCIDENT

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. J. Redelen (Degree or title) M.D. ADDRESS La Plata Md. DATE SIGNED 10-24-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial & Removal
DATE THEREOF
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Washington, DC

DATE REC'D BY LOCAL REG. 10/24/50
REGISTRAR'S SIGNATURE Julia H. Parey
24. FUNERAL DIRECTOR Wastler Funeral Home ADDRESS 301- S. Capital St. Wash. D.C.

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OCT 26 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10184

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place) 15 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians' Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tompkinsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Jessie (Middle) L. (Last) Mindeleff

4. DATE OF DEATH: (Month) Oct. (Day) 23 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 5, 1862

9. AGE last birthday: 88 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Aaron Randall

14. MOTHER'S MAIDEN NAME: Myra Mixer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Victor Mindeleff - 5704 - 64th. Ave. Riverdale, MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) hypostatic pneumonia. — Interval between onset and death: 12 hrs.

154 X Antecedent cause(s)

46d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma, rectum — 4 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none.

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-6, 1950, to 10-23, 1950, that I last saw the deceased alive on 10-22, 1950, and that death occurred at 10 40 A.m., from the causes and on the date stated above.

SIGNATURE: A. Woodley (Degree or title): MD ADDRESS: La Plata. Md. DATE SIGNED: 23 Oct 50.

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE: 10/23/50 — NAME OF CEMETERY OR CREMATORY: Lee Crematory — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 10/23/50 — REGISTRAR'S SIGNATURE: Julia H. Casey

24. FUNERAL DIRECTOR — ADDRESS: Lee Funeral Home, 300-4th Ave. N.E. Washington, D.C.

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OCT 25 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10185

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Henry (Last) Queen

4. DATE OF DEATH: (Month) October (Day) 6 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/19/1870

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tenant Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Charles Co., Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Zekiah Queen

14. MOTHER'S MAIDEN NAME: Martha ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Lorenia Johnson, La Plata, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 9-10-50

443x Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease — 1937

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1937, to 10-6, 1950, that I last saw the deceased alive on 10-15, 1950, and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. J. Edelen M.D. — ADDRESS La Plata Md. — DATE SIGNED 10-7-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 10/9/50 — NAME OF CEMETERY OR CREMATORY: Sacred Heart — LOCATION (City, town, or county) (State): La Plata, Md.

DATE REC'D BY LOCAL REG. 10/9/50 — REGISTRAR'S SIGNATURE: Julia A. Casey

24. FUNERAL DIRECTOR — ADDRESS: Hurdle & Byrne, Waldorf, Md

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RECEIVED
OCT 10 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10186

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mamie (Middle) C. (Last) Robey
4. DATE OF DEATH (Month) Oct. (Day) 1 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 7, 1870
9. AGE last birthday 80 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hsuf
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Henry Albrittain
14. MOTHER'S MAIDEN NAME Mollie Goldsmith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Willie Robey White Plains, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 10-1-50

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mad, 19 Examined p Case, to 19 1 p that I last saw the deceased alive on ....., 19....., and that death occurred at 7 30 P. m., from the causes and on the date stated above.

SIGNATURE C. J. Edelen (Degree or title) R-1 ADDRESS La Plata Md DATE SIGNED 10-2-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10/4/50
NAME OF CEMETERY OR CREMATORY St. Pauls
LOCATION (City, town, or county) (State) Waldorf Md

DATE REC'D BY LOCAL REG. 10/4/50
REGISTRAR'S SIGNATURE Julia H. Posey
24. FUNERAL DIRECTOR Huntt + Ryon, ADDRESS Waldorf, Md.

RECEIVED
OCT 5 1950
BUREAU V. S.

10187

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Potomac River
LENGTH OF STAY (In this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Massachusetts COUNTY Hundale
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Field
STREET ADDRESS (If rural, give location) Honey Pot Road

3. NAME OF DECEASED (Type or Print): (First) Lt (Middle) Joseph Willard (Last) Russell
4. DATE OF DEATH: (Month) 10 (Day) 18 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	10-4-25	25 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pilot - U.S. Air Force
10b. KIND OF BUSINESS OR INDUSTRY: U.S.A.F.
11. BIRTHPLACE (State or foreign country): West Springfield, Mass
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph W. Russell
14. MOTHER'S MAIDEN NAME: Minnie Ann (Russell)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1943-50
16. SOCIAL SECURITY NO. —
17. INFORMANT: Military Personel Rec.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Total Dismemberment	10-18-50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aircraft Crash	10-18-50
	(c)	

860.8
173

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Potamac River (CITY OR TOWN) (COUNTY): Chas (STATE): Md.
TIME OF INJURY (Month) 10 (Day) 18 (Year) 50 (Hour) 12:00 p.m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Aircraft Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L. Madden (Degree or title) M.D. ADDRESS Laplata Md DATE SIGNED 10-24-50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 10/24/50
NAME OF CEMETERY OR CREMATORY —
LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 10/24/50
REGISTRAR'S SIGNATURE: Julia H. Casey
24. FUNERAL DIRECTOR ADDRESS: Wastler Funeral Home, 301 - S. Capitol St. Wash, D.C.

V7646

RECEIVED
OCT 26 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10188

CERTIFICATE OF DEATH

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Charles; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Charles; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Plains; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Arthur (Last) Wenk

4. DATE OF DEATH: (Month) Oct. (Day) 16 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: July 9 1871

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Tenant

11. BIRTHPLACE (State or foreign country): La Plata Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Henry Wenk

14. MOTHER'S MAIDEN NAME: Ophelia Padgett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Leonard Wenk, White Plains, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	10-15-50
610 X Antecedent cause(s)		
1371 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prostatic Obstruction	7-10-50
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At wnrk ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-10, 1950, to 10-16, 1950, that I last saw the deceased alive on 10-16, 1950, and that death occurred at 8:00 P m., from the causes and on the date stated above.

SIGNATURE E. Redelen (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 10-18-50

23. BURIAL, CREMATION / REMOVAL (Specify): Burial; DATE 10-19-50; NAME OF CEMETERY OR CREMATORY Mt. Rest; LOCATION (City, town, or county) (State): La Plata Md.

DATE REC'D BY LOCAL REG. 10/18/50; REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR ADDRESS: Hurdle & Ryon, Waldorf, Md.

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OCT 23 1950
BUREAU OF S